

Request to Update a Michigan Education Trust Contract

Issued under Public Act 316 of 1986. Filing is mandatory.

PURCHASER INFORMATION

Name	Contract Number(s)
Street Address	Social Security Number
City, State, Zip Code	Phone Number ()

NEW REFUND DESIGNEE

Name	Contract Number(s)
Street Address	Social Security Number
City, State, Zip Code	Phone Number ()

As purchaser of the above Michigan Education Trust (MET) contract, I request that MET change the person to receive the refund (if it is not directed to a higher education institution) (item 16 of the Contract Signature Page) to the person listed above.

Signature of Purchaser	Date
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STATE OF MICHIGAN)
)ss
COUNTY OF _____)

On this _____ day of _____, _____, before me personally appeared _____ who said that he/she has read and signed the foregoing statement for the updating of the MET contract listed above.

Notary Public

_____ County, Michigan

My Commission Expires: _____